

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025956

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27Primary Registration District No. 5085Registrar's No. 1-8

FILED JUL 17 1962

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN West PointLength of stay in 1b
34 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 1/4 N. Amsterdam, Mo.Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Bates

c. CITY
OR
TOWN AmsterdamInside Limits
Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

1/4 N. Amsterdam, Mo.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William

Albert

Fritts

4. DATE
OF
DEATH

Month

July 6, 1962

Day

Year

7-6-62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-18-1924

9. AGE (last birthday)

38 yrs.

IF UNDER 1 YEAR

Months 1 Days 18 Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

General Foreman

10b. KIND OF BUSINESS OR INDUSTRY

Metal Assembly

11. BIRTHPLACE (City and state or country)

Adrain, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William A. Fritts

13b. MOTHER'S MAIDEN NAME

Emma Blaser

14. NAME OF HUSBAND OR WIFE

Dorothy A. Fritts

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Dorothy Fritts, Amsterdam, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

ACUTE

DUE TO (b)

CORONARY ARTERIOSCLEROSIS

6-8 Mos.

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1949 to 7/6/62 and last saw her alive on 7-6-62
Death occurred at 4:40 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edmarsh D. O.

22b. ADDRESS

Drexel, Mo.

22c. DATE SIGNED

7-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-8-62

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Butler, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Archer & Mangold, Amsterdam, Mo.

25. DATE RECD. BY LOCAL REG.

7-7-62

26. REGISTRAR'S SIGNATURE

Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10070

20070

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-2

13 1-0

FEB 18 1963
AUG 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert T. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCyrne, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.